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ABSTRACT

The study compared the characteristics of human figures drawn by 103 normal, 101 learning disabled, 114 educable or trainable mentally retarded, 61 emotionally disturbed, and 67 gifted adolescents. Results showed that of the 22 scoring categories, characteristics unique to specific groups were obtained in six categories, while shared characteristics were obtained in ten categories. The unique scoring categories included the following: off center (gifted), use of cartoons (emotionally disturbed), bizarreness (emotionally disturbed), use of movement (retarded), and irrelevant ornamentations and extras (learning disabled). (DB)

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Differentiating Characteristics of Human Figure Drawings Among Normal and Exceptional Adolescents

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Introduction

Evaluation of human figure drawings (HFD) by children and adults have been used by psychologists and educators for many years as a means of assessing cognitive and personality variables in human behavior. Goodenough (1926) described a procedure for gauging an intelligence measure through the scoring of certain features in the drawings and, later, Harris (1963) provided evaluative procedures and norms for the Draw-A-Person (DAP) Test. More recently, Vane (1968) published scoring guidelines and norms for children of Nursery and Kindergarten ages. The House-Tree-Person (H-P-T) Test developed by Buck (1948) also used the drawings of a human figure as part of this tripartite test, adopted from psychological practices in Europe. Machover (1949) wrote about personality projections in drawings, while Jolles (1971, rev.) published a manual for the interpretation of drawings by children, in whole or in part, employing primarily psychoanalytic concepts as the basis for his interpretations.

Essentially, the drawings yield estimates of intelligence and/or emotional adjustment, i.e., they provide the examiner with an indirect measure of the cognitive and affective behavior of the child. While these drawings are commonly used in schools and clinical settings as adjunct measures to a total

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evaluation battery, relatively few studies are available in the area of interpreting drawings done by adolescents with Specific Learning Disabilities (SLD). Some investigations have focused sporatically on various Special Education categories of exceptional children, frequently without comparing them to the normal child or across the exceptionalities.

The Problem

In order to evaluate the DAP test protocols of exceptional children and compare them to normals, perhaps more unconventional or novel scoring criteria will have to be employed. Koppitz (1968) developed a series of scoring categories and applied them to emotionally disturbed and brain-damaged children. She found items which were peculiar and significant to the population under study. Wagner (1980) has suggested that drawings of SLD children may be categorized by causative factors: (1) Developmental Immaturity/Maturational Lag; (2) Aggressive/Withdrawing Tendencies; (3) Organicity, including Minimal Cerebral Dysfunctions; and (4) Grotesque/Bizarre Features. The Admittedly speculative views could aid the diagnostician in assessing different types of SLD children and point the way to remedial techniques and therapy.

To establish DAP characteristics of exceptional children and adolescents, the scoring categories should focus not so much on the conventional and cognitive aspects of human behavior as reflected in the drawings, but on more affectively related and possibly idiosyncratic ones. Since the study was exploratory in nature, no specific hypotheses were established. The intent of the study was to focus on DAP characteristics of SLD adolescents by comparing them with their normal counterparts and groups of other exceptionalities.

Procedure

The current study attempted to establish a list of scoring characteristics gleaned from many years of clinical observations, intuitions, and investigations

reported in the professional literature. A list of all scoring characteristics used in this study is given below:

List of Scoring Categories

1. Off Center (2 in.)
2. Height
3. Words or Symbols
4. No Clothes
5. Cartoon-type
6. No Hands
7. No Eye Pupils
8. Erasures
9. Line Interruptions
10. Heavy Shadings (exc. hair)
11. Addenda, as specified
12. Dislocation of Arms
13. Transparencies
14. Bizarreness
15. Muscles (biceps)
16. Stick Figures
17. Movement
18. Profile
19. Baloon Conversation
20. Heart-shaped Feet
21. Halloween Mask
22. Clothes Design

The study included five categories, ranging in age from 12 to 19, as follows:

Group	No. in Sample
1. Normals	103
2. Specific Learning Disabilities	101
3. Educable/Trainable Mentally Retarded	114
4. Emotionally Disturbed/Behavior Disorders	61
5. Gifted	67
Total Number in Study:	446

The DAP protocols were collected from available sources in public school settings of the Southeastern region of Georgia. Whenever possible, DAP samples from an entire, intact special education class were obtained, including male and female subjects. If a student was mainstreamed but had been diagnosed by a competent professional team in one of the special categories mentioned above, he or she was included in the sample.

Before scoring and tallying all DAP's in their respective categories, the following criteria were established to evaluate the results: Each of the five diagnostic categories should yield at least one primary characteristic. In addition, characteristics which are shared with one or more categories will also be established. These characteristics were labeled primary or UNIQUE

and secondary or SHARED. A category was first judged significant in the primary and secondary groups if 15% in the category showed the characteristic. A statistical analysis using z-scores was then applied to the results.

Results

In order to evaluate the results statistically, z-scores were computed. Normal S_s were compared with four Exceptionalities with a total of four comparison groups. Significance was established by considering two standard deviations from the mean (SD = $\pm$ 1.96, two-tailed). Results show the significant characteristics for the four comparisons (See Table 1.). Plus scores mean that the exceptionality shows less of that characteristic when compared with normals, and minus scores mean more than normals. Level of significance was established at the 0.05 level of confidence.

Discussion

While the results do not reach an ideal or desirable criterion, i.e., at least one unique category for each group and at least two shared categories, most figures are in the predicted direction and meaningful in all but one or two instances.

SLD S_s have one unique (Addenda) and one shared (Erasures) characteristic when compared with normals. Apparently, SLD children add ornamentations and "extras" to their drawings but these may be irrelevant to the task and reflective of secondary emotional reactions or "cover-up". Some artistic talent may also be shown here. Erasures are interpreted as defense mechanisms and insecurity, both characteristics of low self-image with which the SLD adolescent is endowed.

EMR/TMR S_s Have one unique (Movement) and three shared characteristics (No clothes, profile and dislocation of arms). The Movement category is in the negative direction, meaning that it shows up more than in normals. However, the frequency of such occurrence is only 8% in the sample, thus relatively low but

significent in difference when compared with normals. Dislocation of arms is shared with the Gifted, but EMR's have more and Gifted less of this characteristic. Obviously, such dislocations are a sign of misperception and commensurate with EMR's, while the Gifted display more accuracy here, commensurate with their superior mental ability and awareness of the human anatomy. No Clothes again would indicate that they are more apt to omit details as portrayed by low mental ability students. Profiles are less drawn in number than by normals. Since drawing a profile is commonly considered a sign of intelligence, the absence of this category is self-explanatory.

ED/BD S_S have two unique categories and present the most proliferous producers of it. Their colorful symptomatology invites them to draw cartoon-type as well as bizarre figures. These findings were also confirmed by the studies of Koppitz (1968). Shared categories were "No clothes", "No pupils in eyes", and "Profile". While these findings are somewhat contradictory to the intellectual nature of the ED/BD population, it may just prove their disturbed and "contrary-to-normal" behavior.

GIFTED S_S had two unique categories, both less than normal occurence (Off Center and Clothing Design). Apparently, Gifted S_S are more aware of location in space and composition, a superior quality, and are also aware of styles and fanciness in clothes by adding designs (originality). Shared categories included No Pupils in Eyes, Erasures, and Dislocation of Arms, meaning that they draw "No pupils" less frequently than normals (i.e., more often, as a sign of superior intelligence), have more erasures (i.e., are more punctillious and perfectionistic), and show less Dislocation of Arms, thus are the opposite of the EMR category in this respect.

The interpretation of these findings are limited by the relatively small and somewhat capriciously selected sample. However, the results seem to point

the way into new and unexplored directions for future research studies, beyond what is already known in the literature. LD adolescents DAP's are frequently included in test batteries but too cautiously interpreted for diagnostic purposes or confirmation. What the practitioner needs is an "atlas" which lists scoring categories and their diagnostic significance beyond the already available type handbook with psychoanalytically based speculations which often are not based on experimental research and is subject to criticism.

Summary

A sample of 446 adolescents was obtained to examine their DAP protocols with regard to scoreable characteristics in the following categories: (1) Normals, (2) SLD, (3) EMR/TMR, (4) ED/BD, and (5) Gifted. Results show that unique characteristics are obtained in six instances while shared characteristics were obtained in ten paired categories. Results are encouraging and useful to the diagnostician but further investigation with larger samples and different populations are indicated.

TABLE 1

Unique and Shared Characteristics of the DAP Test

In Exceptional Normals and Children

(N = 446)

No.	Scoring Category	SLD	EMR/TMR	ED/BD	GIFTED
1.	Off Center (2 in.)				+U
4.	No clothes		-S	-S	
5.	Cartoons			-U	
7.	No Pupils in Eyes			-S	-S
8.	Erasures	-S			-S
11.	Addenda	-U			
12.	Dislocation of Arms		-S		+S
14.	Bizarreness			-U	
17.	Movement		-U		
18.	Profile		+S	+S	
22.	Clothing Design				+U

Legend:
S = Shared Category
U = Unique Category
+ = Less than Normals (z-scores)
- = More than Normals (z-scores)

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